## Best Available Copy

Application or Docket Number												ber	
PATENT APPLICATION FEE DETERMINATION RECO								09/825,997					
Effective October 1, 2000									M40	65	.04)	714	17
CLAIMS AS FILED - PART   (Column 1) (Column						mn 2)		MALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			48				Γ	RATE	FEE	1	RATE	FEE	
FO	FOR		NUMBER FILED		NUMBER EXTRA		В	ASIC FEI	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			48 minus 20=		· 28		Γ	X\$ 9=		OR	X\$18=	504	
INDEPENDENT CLAIMS			7 minus 3 =		• 4			X40=		OR	X80 <del>≈</del>	320	ŀ
MU	LTIPLE DEPEND	DENT CLAIM PE	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1000	
CLAIMS AS AMENDED - PART II								IOIAL	1	JOH	OTHER	THAN	1
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		j
NTA.		CLAIMS REMAINING AFTÉR , AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	. 48	Minus	** /	18	-		X\$ 9=		OR	X\$18=		
	Independent	. 7	Minus	•••	7	= :	ŀ	X40=		OB.	X80=··	-	1 3
<	FIRST PRÉSE			PENDEN	T CLAIM		<u> </u>		<del>                                     </del>		070		1 9
Constitution of the second sec								+135= TOTAL		OR	+270=		[ ]
							A	ADDIT. FEE OR ADDIT. FEE					S
		(Column 1)			mn 2) HEST	(Column 3)	_		ADDI	1 - 1		ADDI	(
AMENDMENT B		REMAINING AFTER AMENDMENT		NUA PREVI	ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	8
	Total	48	Minus	4	48	=	4	X\$ 9=		OR	X\$18=		て
	Independent	2	Minus	***	2	=	<b> </b>	X40=		OR	X80=	ŧ	~
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┟		-		-07/2		1
:	1		• .				L	+135=	<u> </u>	OR	+270≥ TOTAL		1
G	9/9/07 cw						Al	TOTAL DDIT. FEE		OR	ADDIT. FEE	L	4
U	אעיויי	(Column 1)			mn 2) HEST	(Column 3)	_					_	]
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
	Total :	.48	Minus	2	:18	=		X\$ 9=		OR	X\$18=		
MEN	Independent	. 7	Minus	***	7	3	<b> </b>	X40=	1	ł	X80=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-			OR		<b> </b> -	1	
+135= OR +270=													1
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL ADDIT. FEE ADDIT. FEE												4	
	The "Highest Num	ber Previously Pa	aid For" (Total o	r Indepen	dent) is th	e highest numbe	r foun	d in the a	ppropriate bo	x in co	olumn 1.		